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FROM: Christopher B. Eide

DATE: November 1, 2005

Number of pages with cover page:	11	
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Preparer of this slip has confirmed that facsimile number given is correct: **6719/jaj5****Comments:**

Attorney Docket No.:	249212014900	Oct - 4 13
Group Art Unit:	2651	
Examiner:	K. Wong	
Serial No.:	10/037,083	
Filing Date:	November 7, 2001	
Inventors:	Vijay K. BASRA et al.	
Title:	OPTICAL SENSOR TO RECORDING HEAD ALIGNMENT	

Documents attached:

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- Transmittal Form (1 page)
- Fee Transmittal (original + copy for fee processing (2 pages))
- Amendment (6 pages)
- Petition for Extension of Time (1 page)

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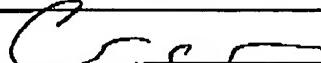
PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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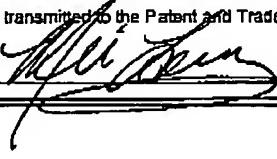
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/037,083
Total Number of Pages in This Submission 10	Filing Date November 7, 2001	
	First Named Inventor Vijay K. BASRA	
	Art Unit 2651	
	Examiner Name K. Wong	
	Attorney Docket Number 249212014900	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (original + copy for fee processing (2 pages)) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (6 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile coversheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MORRISON & FOERSTER LLP (Customer No.: 25226)	
Signature		
Printed name	Christopher B. Eide	
Date	November 1, 2005	Reg. No. 48,375

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (671) 273-8300, on the date shown below.

Dated: November 1, 2005

Signature: 

(Mei Y. Leung)

pa-1022125

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 06-51-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/01/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit:
TOTAL AMOUNT OF PAYMENT	(\\$) 120.00
Attorney Docket No. 249212014900	

Complete if Known**RECEIVED****CENTRAL FAX CENTER**

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METHOD OF PAYMENT (check all that apply)

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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952				Deposit Account Name: Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
13	- 4 = 0	x 50.00	= 0.00		
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
				360.00	0.00

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
1	- 4 = 0	x 200.00	= 0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	250.00	= 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

120.00

SUBMITTED BY	
Signature	<i>Christopher B. Eide</i>
Name (Print/Type)	Christopher B. Eide

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